

MDR Tracking Number: M5-04-3506-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 6-14-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Work Hardening-Initial Hour, Work Hardening-Each Additional Hour and Functional Capacity Exam from 8-11-03 through 9-25-03 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 8-11-03 through 9-25-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of August 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
DA/da

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-3506-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider:	
(ER, Hospital, or Other Facility)	
Name of Physician:	
(Treating or Requesting)	

August 6, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

There are limited medical records denoting the cause of injury or the course of care prior to the work hardening program. What is noted is a July 25, 2003 request for rehabilitation seeking a Functional Capacity Evaluation (FCE) and a Work Conditioning (WC) program. The FCE noted was completed after the work hardening (WH) program.

REQUESTED SERVICE(S)

97545-WH-CA-WH-Initial, 97546-WH-CA-WH-each additional hour, 97750-FC-functional capacity evaluation for dates of service 8/11/03 through 9/25/04.

DECISION

Denied. This program was not reasonable and necessary care.

RATIONALE/BASIS FOR DECISION

This gentleman was noted to be an experienced electrician who sustained a lumbar spine injury. The primary treating physician, Dr. G requested a WC program in the July 25, 2003 request for service. The physical therapist, Mr. C apparently elevated this to a WH program without physician request (based on the records received for review). This is not within his purview to do.

Second, the standards for a WH program are to establish pre-program capabilities, establish an individualized program, complete a job analysis to ascertain if there is a job to return to, and complete a pre-program screening to determine the likelihood of success. None of these was completed. The claimant was an experienced electrician, but the time spent for a job search could possibly negate the fitness gains made by any such program. There was no pre-program FCE noted that outlined specific losses. Further, the activities completed, as an example vocational re-training would not be needed as the vocation has been established and the claimant verbalized that he wanted to continue as an electrician. There is no identification of any psychological issues surrounding this claimant. There was a lumbar injury on ____, a lumbar surgery completed and after the surgery appropriate rehabilitation to the point where the primary treating physician noted that a job specific work conditioning program is all that was necessary.

Third, there is no notation where lower levels of care would not be more appropriate for this lumbar injury. It is not clear how a lumbar spine injury treated with surgery requires training with hand and digit exercises. Specifically when the pre-injury capabilities were not determined or even addressed.

Forth as noted by the ACOEM Guidelines, (Page 11) there is "sparse" high grade data to support the efficacy of such a program. There is support for WC programs in terms of injury prevention rather than reasonable and necessary treatment.

In summary, the request was for an appropriate lower level of care, a work conditioning program; to elevate this claimant to a point where he could return to work. There is no basis for a PT to prescribe a higher level program at his own clinic. There was no identification of a specific job which the claimant could return to after the program completion. The published national standards for a WH program were not met, there is was no pre-program FCE presented for review, there

was no identification of a psych issue that had to be addressed, there was no discussion why lower level of care could not be utilized in this specific case and there was no pre-screening for a likeliness of success. Therefore, this work hardening program is was not reasonable or necessary to treat the lumbar spine injury sustained and was excessive in its nature relative to the injury sustained.